



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2005
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code	1311	1311	NAIC Company Code	95844	Employer's ID Number	38-2242827
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Dental Service Corporation [] Vision Service Corporation [] Other [] Health Maintenance Organization [X] Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [X] No []					
Incorporated/Organized	06/27/1978			Commenced Business	02/08/1979	
Statutory Home Office	2850 West Grand Boulevard			Detroit, MI 48202		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	2850 West Grand Boulevard					
	Detroit, MI 48202			313-872-8100		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	2850 West Grand Boulevard			Detroit, MI 48202		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	2850 West Grand Boulevard					
	Detroit, MI 48202			248-443-1093		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	www.hap.org					
Statutory Statement Contact	Dianna Ronan CPA			248-443-1093		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	dronan@hap.org			248-443-8610		
	(E-mail Address)			(FAX Number)		
Policyowner Relations Contact	2850 West Grand Boulevard					
	Detroit, MI 48202			313-872-8100		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number) (Extension)		

OFFICERS

Name	Title	Name	Title
Francine Parker	President and CEO	Maurice E. McMurray	Secretary
Ronald W. Berry	Treasurer	Colleen McClorey #	Assistant Secretary

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Nicholas C. Anderson	Donald W. Boggs	Mary Beth Bolton M.D.	Herman W. Coleman
William A. Conway M.D. #	Dennis H. DePaulis	Mary C. Dickson	John T. Gargaro
Jethro Joseph	Francine Parker	William L. Peirce	Carol Quigley IHM
Catherine A. Roberts	Robin Scales-Wooten	Nancy Schlichting	Gerald K. Smith
Rebecca R. Smith M.D.	Daniel Watson		

State ofMichigan.....
County ofWayne.....
ss
The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Francine Parker President and CEO	Maurice E. McMurray Secretary	Ronald W. Berry Treasurer
Subscribed and sworn to before me this 28th day of February, 2006		
Roderick I Curry CPA Notary August 14 2006		
a. Is this an original filing? Yes [X] No []		
b. If no,		
1. State the amendment number		
2. Date filed		
3. Number of pages attached		

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Health Alliance Plan of Michigan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	7,826,375		5,787,572	2,038,803	2,038,803	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	7,826,375	0	5,787,572	2,038,803	2,038,803	0



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. Detroit, Michigan

NAIC Group Code		1311		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2005						(LOCATION)			NAIC Company Code		95844	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13				
			2	3														
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other				
Total Members at end of:																		
1. Prior Year		460,919	5,646	416,255	23,463				15,555									
2. First Quarter		456,268	5,365	385,954	23,135			25,708	16,106									
3. Second Quarter		454,356	5,163	383,601	23,277			25,820	16,495									
4. Third Quarter		451,427	5,301	379,547	23,598			26,215	16,766									
5. Current Year		449,656	5,176	377,538	23,741			26,199	17,002									
6. Current Year Member Months		5,446,041	63,404	4,592,511	280,632			311,729	197,765									
Total Member Ambulatory Encounters for Year:																		
7. Physician		1,674,280												1,674,280				
8. Non-Physician		843,889												843,889				
9. Total		2,518,169	0	0	0	0	0	0	0	0	0	0	0	2,518,169				
10. Hospital Patient Days Incurred		177,134		100,982	45,984				28,623					1,545				
11. Number of Inpatient Admissions		39,597		25,740	7,931				5,497					429				
12. Health Premiums Written.....		1,490,591,805	13,309,757	1,127,435,134	107,163,013			79,661,761	163,022,140									
13. Life Premiums Direct.....		0																
14. Property/Casualty Premiums Written.....		0																
15. Health Premiums Earned.....		1,507,239,774	13,999,070	1,142,065,432	107,163,013			80,990,119	163,022,140									
16. Property/Casualty Premiums Earned.....		0																
17. Amount Paid for Provision of Health Care Services		1,391,041,799	12,959,338	1,057,242,546	95,812,483			72,600,419	152,346,791	80,222								
18. Amount Incurred for Provision of Health Care Services		1,373,356,695	12,751,923	1,040,321,190	95,624,749			73,058,726	151,600,107									

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

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ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. _____

NAIC Group Code		1311		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2005						NAIC Company Code		95844	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
Total Members at end of:															
1. Prior Year		460,919	5,646	416,255	23,463	0	0	0	15,555	0	0	0	0	0	
2. First Quarter		456,268	5,365	385,954	23,135	0	0	25,708	16,106	0	0	0	0	0	
3. Second Quarter		454,356	5,163	383,601	23,277	0	0	25,820	16,495	0	0	0	0	0	
4. Third Quarter		451,427	5,301	379,547	23,598	0	0	26,215	16,766	0	0	0	0	0	
5. Current Year		449,656	5,176	377,538	23,741	0	0	26,199	17,002	0	0	0	0	0	
6. Current Year Member Months		5,446,041	63,404	4,592,511	280,632	0	0	311,729	197,765	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:															
7. Physician		1,674,280	0	0	0	0	0	0	0	0	0	0	0	1,674,280	
8. Non-Physician		843,889	0	0	0	0	0	0	0	0	0	0	0	843,889	
9. Total		2,518,169	0	0	0	0	0	0	0	0	0	0	0	2,518,169	
10. Hospital Patient Days Incurred		177,134	0	100,982	45,984	0	0	0	28,623	0	0	0	0	1,545	
11. Number of Inpatient Admissions		39,597	0	25,740	7,931	0	0	0	5,497	0	0	0	0	429	
12. Health Premiums Written.....		1,490,591,805	13,309,757	1,127,435,134	107,163,013	0	0	79,661,761	163,022,140	0	0	0	0	0	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....		0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....		1,507,239,774	13,999,070	1,142,065,432	107,163,013	0	0	80,990,119	163,022,140	0	0	0	0	0	
16. Property/Casualty Premiums Earned.....		0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		1,391,041,799	12,959,338	1,057,242,546	95,812,483	0	0	72,600,419	152,346,791	80,222	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services		1,373,356,695	12,751,923	1,040,321,190	95,624,749	0	0	73,058,726	151,600,107	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31, prior year.....	3,890,907
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11	(788,580)
2.2 Totals, Part 3, Column 7 .....	.0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9) .....	.0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14.....	308,067
4.2 Totals, Part 3, Column 9 .....	.0
5. Total profit (loss) on sales, Part 3, Column 14 .....	.0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12.....	.0
6.2 Totals, Part 3, Column 8 .....	.0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13 .....	.0
8. Book/adjusted carrying value at end of current period	3,410,393
9. Total valuation allowance	
10. Subtotal (Lines 8 plus 9)	3,410,393
11. Total nonadmitted amounts	2,497,782
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	912,611

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest on mortgage owned, December 31, prior year .....	.0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions .....	.0
3. Accrual of discount and mortgage interest points and commitment fees	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	.0
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10) .....	.0
12. Total nonadmitted amounts	
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).....	.0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	.0
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	58,129,607
2.2 Additional investment made after acquisitions	23,451
3. Accrual of discount	58,153,058
4. Increase (decrease) by adjustment	1,285,316
5. Total profit (loss) on sale	981
6. Amounts paid on account or in full during the year	88,347
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book/adjusted carrying value of long-term invested assets at end of current period	59,351,008
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	59,351,008
12. Total nonadmitted amounts	
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).....	59,351,008

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
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SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 1	13,000,000					13,000,000	100.0	13,000,000	100.0	13,000,000	
1.2 Class 2						0	0.0	0	0.0		
1.3 Class 3						0	0.0	0	0.0		
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	13,000,000	0	0	0	0	13,000,000	100.0	13,000,000	100.0	13,000,000	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1						0	0.0	0	0.0		
2.2 Class 2						0	0.0	0	0.0		
2.3 Class 3						0	0.0	0	0.0		
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1						0	0.0	0	0.0		
3.2 Class 2						0	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						0	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1						0	0.0	0	0.0		
4.2 Class 2						0	0.0	0	0.0		
4.3 Class 3						0	0.0	0	0.0		
4.4 Class 4						0	0.0	0	0.0		
4.5 Class 5						0	0.0	0	0.0		
4.6 Class 6						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1						0	0.0	0	0.0		
5.2 Class 2						0	0.0	0	0.0		
5.3 Class 3						0	0.0	0	0.0		
5.4 Class 4						0	0.0	0	0.0		
5.5 Class 5						0	0.0	0	0.0		
5.6 Class 6						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1 .....						.0	.0	.0	.0		
6.2 Class 2 .....						.0	.0	.0	.0		
6.3 Class 3 .....						.0	.0	.0	.0		
6.4 Class 4 .....						.0	.0	.0	.0		
6.5 Class 5 .....						.0	.0	.0	.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1 .....						.0	.0	.0	.0		
7.2 Class 2 .....						.0	.0	.0	.0		
7.3 Class 3 .....						.0	.0	.0	.0		
7.4 Class 4 .....						.0	.0	.0	.0		
7.5 Class 5 .....						.0	.0	.0	.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1 .....						.0	.0	.0	.0		
8.2 Class 2 .....						.0	.0	.0	.0		
8.3 Class 3 .....						.0	.0	.0	.0		
8.4 Class 4 .....						.0	.0	.0	.0		
8.5 Class 5 .....						.0	.0	.0	.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1 .....						.0	.0	.0	.0		
9.2 Class 2 .....						.0	.0	.0	.0		
9.3 Class 3 .....						.0	.0	.0	.0		
9.4 Class 4 .....						.0	.0	.0	.0		
9.5 Class 5 .....						.0	.0	.0	.0		
9.6 Class 6						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
Health Alliance Plan of Michigan

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	13,000,000	.0	.0	.0	.0	13,000,000	100.0	XXX	XXX	13,000,000	.0
10.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.5 Class 5 .....	.0	.0	.0	.0	.0	(c) .0	0.0	XXX	XXX	.0	.0
10.6 Class 6 .....	.0	.0	.0	.0	.0	(c) .0	0.0	XXX	XXX	.0	.0
10.7 Totals	13,000,000	.0	.0	.0	.0	(b) 13,000,000	100.0	XXX	XXX	13,000,000	.0
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	13,000,000	.0	.0	.0	.0	XXX	XXX	13,000,000	100.0	13,000,000	.0
11.2 Class 2 .....	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.3 Class 3 .....	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.4 Class 4 .....	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.5 Class 5 .....	.0	.0	.0	.0	.0	XXX	XXX	(c) .0	0.0	.0	.0
11.6 Class 6 .....	.0	.0	.0	.0	.0	XXX	XXX	(c) .0	0.0	.0	.0
11.7 Totals	13,000,000	.0	.0	.0	.0	XXX	XXX	(b) 13,000,000	100.0	13,000,000	.0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	13,000,000					13,000,000	100.0	13,000,000	100.0	13,000,000	XXX
12.2 Class 2 .....						.0	0.0	.0	0.0	.0	XXX
12.3 Class 3 .....						.0	0.0	.0	0.0	.0	XXX
12.4 Class 4 .....						.0	0.0	.0	0.0	.0	XXX
12.5 Class 5 .....						.0	0.0	.0	0.0	.0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	13,000,000	.0	.0	.0	.0	13,000,000	100.0	13,000,000	100.0	13,000,000	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1 .....						.0	0.0	.0	0.0	XXX	.0
13.2 Class 2 .....						.0	0.0	.0	0.0	XXX	.0
13.3 Class 3 .....						.0	0.0	.0	0.0	XXX	.0
13.4 Class 4 .....						.0	0.0	.0	0.0	XXX	.0
13.5 Class 5 .....						.0	0.0	.0	0.0	XXX	.0
13.6 Class 6						0	0.0	0	0.0	XXX	0
13.7 Totals .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$ current year, \$ prior year of bonds with Z designations and \$, current year, \$ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
(c) Includes \$ current year, \$ prior year of bonds with 5* designations and \$, current year, \$ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
Health Alliance Plan of Michigan

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations	13,000,000					13,000,000	100.0	13,000,000	100.0	13,000,000	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
1.7 Totals	13,000,000	0	0	0	0	13,000,000	100.0	13,000,000	100.0	13,000,000	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations						0	0.0	0	0.0		
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined						0	0.0	0	0.0		
2.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
2.5 Defined						0	0.0	0	0.0		
2.6 Other						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations						0	0.0	0	0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined						0	0.0	0	0.0		
3.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined						0	0.0	0	0.0		
3.6 Other						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations						0	0.0	0	0.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined						0	0.0	0	0.0		
4.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
4.5 Defined						0	0.0	0	0.0		
4.6 Other						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Issuer Obligations						0	0.0	0	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined						0	0.0	0	0.0		
5.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
5.5 Defined						0	0.0	0	0.0		
5.6 Other						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
Health Alliance Plan of Michigan

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations .....						.0	.0.0	.0	.0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities .....						.0	.0.0	.0	.0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined .....						.0	.0.0	.0	.0.0		
6.4 Other .....						.0	.0.0	.0	.0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined .....						.0	.0.0	.0	.0.0		
6.6 Other .....						.0	.0.0	.0	.0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations .....						.0	.0.0	.0	.0.0		
7.2 Single Class Mortgage-Backed/Asset-Based Securities .....						.0	.0.0	.0	.0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined .....						.0	.0.0	.0	.0.0		
7.4 Other .....						.0	.0.0	.0	.0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined .....						.0	.0.0	.0	.0.0		
7.6 Other .....						.0	.0.0	.0	.0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations .....						.0	.0.0	.0	.0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations .....						.0	.0.0	.0	.0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities .....						.0	.0.0	.0	.0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined .....						.0	.0.0	.0	.0.0		
9.4 Other .....						.0	.0.0	.0	.0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined .....						.0	.0.0	.0	.0.0		
9.6 Other .....						.0	.0.0	.0	.0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
Health Alliance Plan of Michigan

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	13,000,000	.0	.0	.0	.0	13,000,000	100.0	XXX	XXX	13,000,000	.0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0
10.4 Other	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0
10.6 Other	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0
10.7 Totals	13,000,000	.0	.0	.0	.0	13,000,000	100.0	XXX	XXX	13,000,000	.0
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	13,000,000	.0	.0	.0	.0	XXX	XXX	13,000,000	100.0	13,000,000	.0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0
11.4 Other	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0
11.6 Other	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0
11.7 Totals	13,000,000	.0	.0	.0	.0	XXX	XXX	13,000,000	100.0	13,000,000	.0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	13,000,000					13,000,000	100.0	13,000,000	100.0	13,000,000	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities						.0	.0	.0	.0	.0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined						.0	.0	.0	.0	.0	XXX
12.4 Other						.0	.0	.0	.0	.0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined						.0	.0	.0	.0	.0	XXX
12.6 Other						.0	.0	.0	.0	.0	XXX
12.7 Totals	13,000,000	.0	.0	.0	.0	13,000,000	100.0	13,000,000	100.0	13,000,000	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	.0	.0	.0	.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations						.0	.0	.0	.0	XXX	.0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities						.0	.0	.0	.0	XXX	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
13.3 Defined						.0	.0	.0	.0	XXX	.0
13.4 Other						.0	.0	.0	.0	XXX	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
13.5 Defined						.0	.0	.0	.0	XXX	.0
13.6 Other						.0	.0	.0	.0	XXX	.0
13.7 Totals	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	.0	.0	.0	.0	.0	.0	XXX	XXX	XXX	XXX	.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	.0	.0	.0	.0	.0	.0	XXX	XXX	XXX	XXX	.0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
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SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments					
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	13,000,000	13,000,000	0	0	0
2. Cost of short-term investments acquired	14,870,072	14,870,072			
3. Increase (decrease) by adjustment	0				
4. Increase (decrease) by foreign exchange adjustment	0				
5. Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	14,870,072	14,870,072			
7. Book/adjusted carrying value, current year	13,000,000	13,000,000	0	0	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	13,000,000	13,000,000	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	13,000,000	13,000,000	0	0	0
12. Income collected during year	455,026	455,026			
13. Income earned during year	475,637	475,637			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
Health Alliance Plan of Michigan

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	304,348,917		304,348,917
2. Accident and health premiums due and unpaid (Line 13).....	32,257,158		32,257,158
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	11,103,813		11,103,813
6. Total assets (Line 26)	347,709,889	0	347,709,889
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	80,847,424	0	80,847,424
8. Accrued medical incentive pool and bonus payments (Line 2).....	2,796,505		2,796,505
9. Premiums received in advance (Line 8).....	19,402,712		19,402,712
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	23,889,939		23,889,939
12. Total liabilities (Line 22).....	126,936,579	0	126,936,579
13. Total capital and surplus (Line 31).....	220,773,309	XXX	220,773,309
14. Total liabilities, capital and surplus (Line 32)	347,709,889	0	347,709,889
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance	0		
18. Reinsurance recoverable on paid losses	0		
19. Other ceded reinsurance recoverables	0		
20. Total ceded reinsurance recoverables	0		
21. Premiums receivable	0		
22. Unauthorized reinsurance	0		
23. Other ceded reinsurance payables/offsets	0		
24. Total ceded reinsurance payable/offsets	0		
25. Total net credit for ceded reinsurance	0		

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[illegible]

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
Health Alliance Plan of Michigan

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the Risk-based Capital be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Investment Risks Interrogatories be filed by April 1?	.....YES.....
JUNE FILING		
7.	Will an audited financial report be filed by June 1?	.....YES.....






The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
8.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....YES.....
9.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
10.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
11.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
12.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	.....NO.....
13.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Supplemental Property/Casualty data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....

EXPLANATION:

9. Business not written.
10. Business not written.
11. The Company is not a stock company.
12. Business not written.
13. Business not written.
14. Business not written.

BAR CODE:

9.	 9 5 8 4 4 2 0 0 5 2 0 5 0 0 0 0 0
10.	 9 5 8 4 4 2 0 0 5 2 0 7 0 0 0 0 0
12.	 9 5 8 4 4 2 0 0 5 3 3 0 5 8 0 0 0
13.	 9 5 8 4 4 2 0 0 5 2 1 1 5 8 0 0 0
14.	 9 5 8 4 4 2 0 0 5 2 1 3 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
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OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2304. Goodwill.....	12,383,224	12,383,224	0	1,388,119
2305. Prepaid Expense.....	1,324,227	1,324,227	0	0
2306. Other Assets.....	77,843	0	77,843	0
2397. Summary of remaining write-ins for Line 23 from Page 2	13,785,294	13,707,451	77,843	1,388,119

M004 Additional Aggregate Lines for Page 04 Line 14.
*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
1404. Mental Health and Substance Abuse.....		40,512,799	38,491,314
1405. Other.....		59,001,861	55,918,754
1497. Summary of remaining write-ins for Line 14 from Page 04	0	99,514,660	94,410,068

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE
Health Alliance Plan of Michigan

OVERFLOW PAGE FOR WRITE-INS

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M007 Additional Aggregate Lines for Page 07 Line 13.
*ANAOPS - Analysis of Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other Health	Other Non-Health
1304. Mental Health and Substance Abuse.....	40,512,799	31,663,298	1,560,713			2,064,774	5,224,014						Western Assets
1305. Durable Medical Equipment.....	14,410,593	11,262,784	555,153			734,450	1,858,206						Western Assets
1306. Other.....	44,591,268	34,850,878	1,717,831			2,272,637	5,749,922						Western Assets
1397. Summary of remaining write-ins for Line 13 from page 7	99,514,660	77,776,960	3,833,697	0	0	5,071,861	12,832,142	0	0	0	0	0	



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2005 OF THE
Health Alliance Plan of Michigan

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2005
(To Be Filed by March 1)

FOR THE STATE OF Michigan

NAIC Group Code 1311

Address (City, State and Zip Code) Detroit, Michigan 48202

Person Completing This Exhibit Dianna Ronan

Title Vice President Financial Services

NAIC Company Code 95844

Telephone Number 248-443-1093

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2002				Policies Issued in 2003, 2004, 2005			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes	All Forms	J	No	0004500	12/15/2004				Medicare Comprehensive	30,745,560	27,840,278	90.6	14,043	11,716,885	10,317,020	88.1	2,842
0199999 Total Experience on Individual Policies										30,745,560	27,840,278	90.6	14,043	11,716,885	10,317,020	88.1	2,842
Yes	All Forms	J	No	0004500	12/15/2004				Medicare Comprehensive	380,952,463	341,442,968	89.6	183,619	270,760,012	238,543,663	88.1	65,256
0299999 Total Experience on Group Policies										380,952,463	341,442,968	89.6	183,619	270,760,012	238,543,663	88.1	65,256

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give complete and full details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 2850 West Grand Boulevard Detroit, MI 48202

2.2 Contact Person and Phone Number: Donald Kiefiuk 248-443-2038
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 2850 West Grand Boulevard Detroit, MI 48202

3.2 Contact Person and Phone Number: Tamara VonKnorring 248-443-1154
4. Explain any policies identified above as policy type "O".

360.MI